Produ	cer: GARY 1. FISHER	Date:	- 1 - 00
6.	Education: Initial 9 hours: Initial Year: Recertification hours (3) Yes If so, how many complete the solution of the solution		No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No
8.	Is the AWMP being followed by this operation?	Yes	No

The Little Hield

Inspector's Comments/Observations:

Inspector's Signature

Producer's Signature

ORIGINAL - OFFICE

9.

YELLOW - INSPECTOR

PAGE 3 of 3

Prod	ucer: Gary T. Fisher	Date:	7-27-01	
	,			
6.	Education: Initial 9 hours: Initial Year: Recertification hours (3) Yes If so, how many compared to the source of the source	_	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes_	No	
9.	Inspector's Comments/Observations:			

5.	Education:		_		
	Initial 9 hours: Yes ν If	so, how many con	npleted: 9		No
	Recertification hours (3) YesIf	so, how many con	npleted:3	<u>-</u>	No
7.	Complaints:				
	Have there been any complaints this of	calendar year?	Yes	_	No
	If yes, have these been resolved?		Yes	_	No
8.	Is the AWMP being followed by thi	s operation?	Yes	_	No
9.	Inspector's Comments/Observation	s:			
		49	00	01	02
1	Certificates	, ,	_		
<u>,</u>	GCT CATES	19	6	12	3
		, ,	•		

Inspector's Signature

Producer's Signature

PAGE 3 of 3

YELLOW - INSPECTOR

Produce	er: CARV/, FIShen	_Date: <u>Z</u>	25-03
6.	Education: Initial 9 hours: Yes If so, how many complete Initial Year: 1997 Recertification hours (3) Yes If so, how many complete		No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No No
8.	Is the AWMP being followed by this operation?	Yes	No

9. Inspector's Comments/Observations:

Inspector's Name

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

PINK - GROWER

Signature

Produce	er: CANY Fishen Date:	4-7-04
		• /
6.	Education: Initial 9 hours: Yes If so, how many completed: 9 Initial Year: 1999	No
	Recertification hours (3) Yes so, how many completed:	No
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved? Yes	No
8.	Is the AWMP being followed by this operation? Yes	No
9.	Inspector's Comments/Observations:	
	NAME OF PERSON RECEIVING EDUCATION:	
	$1 \cdot T = 1$	

Inspector's Signature

Producer's Signature

ORIGINAL - OFFICE

YELLOW - INSPECTOR

PAGE 3 of 3

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS **INSPECTION CHECKLIST**

Date:	5-16-05	√ Int	egrator:	Caraill	
Produce	0 - /		County	Cherok	TP C
Troduce			,		
Address	: 20216 E	660 Rc	<u>/</u>		
City:	Tahleguah		State: _	OK Zip:	74464
Phone N	lumber: 918 - 456	-4556	Type F	acility: Thek	e1
Number	of houses: 3	Total Capacity: 3	7 400N	Number of Flocks per Ye	ar <u>5</u>
Date of	Soil Test: $\frac{2-20-6}{3-28-6}$			Test: 2-20-	
1.	Watershed/Groundwater:	_			
				FC. Lson L	I//wois
	Is facility located in a nutrie				
	Is facility located in a nutrie	this where poultry watersne		YesNo_	——· — · / ·
	Is application area located in				No No
	Is application area located in		•		Noc
2.	AWMP:				
	Is the AWMP available for	Revi e w? Ye	s_	No	
	Date of Animal Waste Mana		MAY	1799	
	Is the AWMP being followed		·	YesNo_	
	Waste Handling Procedures			No	
	Catastrophic Loss Procedure Calculations:		s_C	No No	
			s C	No No	
	-	Litter: Ye		No	
	Recommended application r	rate:			
3.	Carcass Disposal:				
		. Composting <u>L</u>		2. Burial	
		Rendering		Frequency of Pickup	No.
	Catastrophic Losses:	Incineration Yes:	—— No: ∠	DEQ Permit: Yes_	No
	Reported to ODAF		No:	-	
4.	Storage:				
	Protected from runoff?	esNo	· 		
	Type of st	orage: Litter Shed_	1\	Composter	
	ENIEKEB DI	Ground (tar	pea)	_Other	
	MAY 0 2 2005				
L.	HI WING LEE				
l.	n : · · · · · · · · · · · · · · · · · ·	PAG	E 1 OF 3		
ORIGINAI	. – Office	YELLOW - INS	PECTOR		PINK-GROWER

OD. -AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS FOR INSPECTION CHECKLIST

APR 26 2007

AG ENVIRUNMENTAL MEAN SHAUS

	STATE DEPT. OF AGRICULTL
Date:	4-23-07 Integrator: <u>C.14r91//</u>
Produce	r: Gary Fisher County: Cherokee
Address	20216 E 660Rd
City:	TAMIEGUAL State: OK Zip: 74464
	Turkey Turkey
Number	of houses: 3 Total Capacity: 37,400 Number of Flocks per Year
Date of	Soil Test: $\frac{4-3-06}{4-12-09}$ Date of Litter Test: $3-24-06$
1.	Watershed/Groundwater:
~*	Watershed where facility is located: FT G-1b30N LAKE
	Is facility located in a nutrient-vulnerable groundwater area? Yes No
	Is facility located in a nutrient-limited watershed area? Yes No
	Watershed/s where poultry waste was applied: FTG-1650-V 1.4Ke
	Is application area located in a nutrient-vulnerable groundwater area? Yes No Is application area located in a nutrient-limited watershed area? Yes No
	is application area located in a nutrent-infined watershed area:
2.	AWMP:
	Is the AWMP available for Review? Yes No No No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Applied R.C. Brivle & applied No More Control of No Market No Management Plan: Is the AWMP being followed by this operation? Yes No Market
	Is the AWMP being followed by this operation! Yes No Law 18
	Waste Handling Procedures Listed: Catastrophic Loss Procedure: Yes
	Calculations: Yes No
	Nutrient Analysis: Soil: Yes No
	Litter: Voc No
	Recommended application rate: ENTERED BY
3.	·
J.	Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 2. Burial
	3 Rendering Frequency of Pickup W. F
	4. Incineration DEQ Permit: Yes No SMITH
	Catastrophic Losses: Yes: No:
	Reported to ODAFF: Yes: No:
4.	Storage:
==	Protected from runoff? Yes No
	Type of storage: Litter Shed Composter
	Ground (tarped)Other

ODA GRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS ECEIVED

APR 2 3 2008

				AG ENVIRONM STATE DEPT	ENTAL MGMT SRVCS
Date:	4-17-0	8 Integr	ator: <u>CArg</u>	1//	
	r. GATY FIS		County: Che	rokee	
Address	20216 F	660 Rd			
City:	TAhleguah		State: OK	Zip: 7446	54
Phone N	Tumber: <u>918 – 45</u>	6-4956	Type Facility:	urkey	
Number	of houses: 3	Total Capacity:	700 Number of Floc	ks per Year 5	
Date of	Soil Test: <u>4-/2-</u>	0 7 Date	of Litter Test:	"7-07	
1.	Is facility located in a nu Is facility located in a nu Waters Is application area locate	er: Shed where facility is locate trient-vulnerable groundwe trient-limited watershed and shed/s where poultry wasted in a nutrient-vulnerable d in a nutrient-limited water the contract of	rea? Yes	No	
2.	AWMP: Is the AWMP available of Date of Animal Waste M Is the AWMP being follow Waste Handling Procedu Catastrophic Loss Procedulations: Nutrient Analysis: Recommended applications	Innagement Plan:	Yes No No No		
3.	Carcass Disposal: Normal Mortality: Catastrophic Losses:	1. Composting 3. Rendering 4. Incineration Yes: Yes:	2. Burial	<u> </u>	
4.	Reported to OD Storage: Protected from runoff? Type of	Yes No f storage: Litter Shed Ground (tarped	No: Composter d)Other	ENTERED B	Y 8
		PAGE 1	OF 3	SALLY ABBO	ŤŤ

ORIGINAL - OFFICE

YELLOW - INSPECTOR

		0 11
Da	Date: 1-26-99 Integrator:	Cayill JAN 2 9 1999
Pro	Producer: Bob Schwale County: C	Recokee WATER QUALITY STATE DEPT OF AGRICULTURE
	Address: Rt. 3 Box 620	STATE DEPT OF AGRICULTURE
		71 - 10
Cit	City: Kansas State: Ok	Zip: <u>74347</u>
Pho	Phone Number: <u>597-2834</u> Watershed where facility	is located:
Туј	Type Facility: Turkey Number of Houses:	3 Total Capacity: 32,000
Dat	Date Animal Waste Management Plan (AWMP) was last updated,	obtained or applied for:
Dat	Date of Soil Test: 2 - 24 - 98 Date of Litter Test 1. AWMP: Is the AWMP available for Review? Yes No Litter: Sold Land Applied Fed: Next so	: 3-02-98
1.	AWMP: Is the AWMP available for Review? Yes No	noulivo undata
	Litter: Sold Land Applied Fed: Next so	cheduled clean out date:
	Calculations: Yes No	-
	Nutrient Analysis: Soil Yes No	
	Litter Yes No No	
	Land application areas described: Yes No	
	Litter storage available: On Farm Emergency Other	r (List)
2.	2. Carcass Disposal:	
	Normal Mortality: 1. Composting 2. Burial	
	3. Rendering Frequency of Pic	kup
	4. Incineration /o DEQ Permit	Yes No
	Catastrophic Losses: Yes No	
	Reported to ODA: Yes No	
•	Reported to ODA. 165 No	No. Date
}.	Rain Gauge: Installed On Site and Maintained? Yes	No Date
4.		- NON &
5.	6. Records:	
	Application records:	
	Current?Yes	No
	Rate applied? Yes	No
	Date of Application? Dec 98	
	Location of Application? 5Ane	
	Litter sold or given away Yes	No
	Date of removal Dec 98	
	Names and addresses	
		/
	Amount removed	No
	Education Certificate	No.
		No
	Rainfall Log: 14 days before application Yes	No
_	28 Days after application Yes	No
6.		No
	(If Yes)	
	Date and Time of Discharge?	
	Date and Time reported to ODA?	
7.	· · · · · · · · · · · · · · · · · · ·	No)
_		ω^{-}
((+ ary T. Fisher	sud tiste
_	Inspectors Name (Print)	Lispes ors Signature
	imperioro Turro (1 imi)	
	/s	wt schola
		Producer Signature
		EDWARD STREET

REV 10/98

ODA Water Quality Services 2800 N. Lincoln Blvd. Oklahoma City OK 73105-4298 (405) 521-3864

MERCIAL POULTRY OPERATIONS INSPECTION CHECKLIST

AWM

Date:	e: $4 - 20 - 00$ Integrator: Ca	rg///
Produ	ducer: Bob Schwabe County:	jero kee
7	Iress: 2+ 3 Box 620	
_		Zip: <u>74347</u>
	ne Number: $597 - 2834$ Watershed where facility is local	ated: <u>////0/0309</u> 0
Туре	e Facility: Turkeys Number of Houses: 3	Total Capacity:
Date A	Animal Waste Management Plan (AWMP) was last updated, obtain	ed orapplied for:
. .	2-16-99	(2.3 * */
Date o	AWMP: Is the AWMP available for Review? Yes No	- 18-99 - New OVE Pend,
1. A	Litter: Sold Land Applied Fed: Next schedu	old one New ONE Punding
		led clean out date: 4-59
•••	Waste Handling Procedures Listed: Yes No Lease Hire	
C	Calculations: Yes No	
	Nutrient Analysis: Soil Yes No	
	Litter Yes No	
L	Land application areas described: Yes No	
Li	Litter storage available: On Farm Emergency Other (List	
	Carcass Disposal:	
14	Normal Mortality: 1. Composting 2. Burial Frequency of Pickup	
	3. Rendering Frequency of Pickup 4 Incineration 5 DEQ Permit Yes	No
C	Catastrophic Losses: Yes No	
-	Catastrophic Losses: Yes No Reported to ODA: Yes No	
3 R	Rain Conger-Installed On Site and Maintained? Yes No _	Date
4. S	Storage: Protected from runoff? Yes No	
	Records:	
Α	Application records:	
		_
	Rate applied?	
	Date of Application? Location of Application?	
Li	Litter sold or given away	
	Date of removal	
	Names and addresses	
	Amount removed	
Li	Litter sample analysis available	
E(Education Certificate	
- Pd	28 Bays after application	_
6. H	Has this facility had any discharge?Yes No	
	(If Yes)	
	Date and Time of Discharge?	
		·
	Date and Time reported to ODA?	
7. Is	Is the AWMP being followed at this facility? Yes	
R	Dany T Eigh	in Pier
	Inspectors Name (Print) Inspectors Name (Print)	ctors Signature
111	inspectors traine (1 lint)	7
	How the second s	Che
	Prod	ucer Signature

REV 10/98

ODA Water Quality Services P.O. Box 528804 Oklahoma City, OK 73152-8804 (405) 521-3864

ORIGINAL - OFFICE

MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

CHI HING LEE

PINK-GROWER

OKDA0016270

OKLAHOMA REGISTERED POULTRY FEEDING OPERATION ECEIVES 1005

AG ENVIRONMENTAL MOMT SAYICS STATE DEPT. OF AGRICULTURE Integrator: County: City: State: Type Facility: _Total Capacity: <u>**54,000**</u> Number of Flocks per Year Number of houses: 4-19-04 Date of Litter Test: 3-8-Date of Soil Test: 3-15-05 1. Watershed/Groundwater: Is facility located in a nutrient-vulnerable groundwater area? Yes_ Is facility located in a nutrient-limited watershed area? Watershed/s where poultry waste was applied: Is application area located in a nutrient-vulnerable groundwater area? Yes Is application area located in a nutrient-limited watershed area? Yes 2. AWMP: Is the AWMP available for Review? Yes • No Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? No Waste Handling Procedures Listed: Yes Catastrophic Loss Procedure: Yes Calculations: No Nutrient Analysis: Soil: Litter: Recommended application rate: 3. Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 3. Rendering Frequency of Pickup 4. Incineration DEQ Permit: Catastrophic Losses: Yes: No: Reported to ODAFF: Yes: No: 4. Storage: Protected from runoff? No Type of storage: Litter Shed_ Composter Ground (tarped) Other ENTERED BY APR 1 9 2005

PAGE 1 OF 3

YELLOW - INSPECTOR

REV 7/30/04

MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

HAND DELIVERED

MAR 2 3 2006

-	3-72-01	C +0 = 1/
	05-11	rator: CARg; //
Produ	lucer: NOU SCHWAbe	County: <u>Cherokee</u>
Addr	ress: 4053 Hwy 10	
City:	: KANSAS	State: 0 / Zip: 74347
Phon	ne Number: <u>9/8/5⁻97-2834</u>	Type Facility: Turkey
Num	aber of houses:Total Capacity:	1000 Number of Flocks per Year
	of Soil Test: 3-15-05 2-15-06ate	
1.	Watershed/Groundwater:	
	Watershed where facility is located Is facility located in a nutrient-vulnerable groundward.	rater area? Yes No
	Is facility located in a nutrient-limited watershed a	rea? Yes No No
		e was applied: _////0/0 3090
	Is application area located in a nutrient-vulnerable Is application area located in a nutrient-limited was	
2.	AWMP:	
2.	Is the AWMP available for Review? Yes	
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan:	2004
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan: Is the AWMP being followed by this operation?	YesNo
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Yes_	YesNo
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Yes_Catastrophic Loss Procedure: Yes_	YesNo No
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Yes_Catastrophic Loss Procedure: Yes_Calculations: Yes_	Yes No No No
2.	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Yes Nutrient Analysis: Soil: Yes	Yes No
2.	Is the AWMP available for Review? Yes_Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Yes_Catastrophic Loss Procedure: Yes_Calculations: Yes_	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Yes Yes Yes Yes Litter: Yes	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Yes Litter: Yes Recommended application rate: Carcass Disposal:	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Yes Litter: Recommended application rate: Wes Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration 1	Yes No
	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration 1.	Yes No
3.	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Reported to ODAFF: Yes Yes Yes: Reported to ODAFF: Yes: Yes: Yes: Resident AWMP available for Review? Yes Yes Yes Yes Yes Yes: Reported to ODAFF: Yes: Yes:	Yes No
 3. 	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Yes: Yes:	Yes No
3.	Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Reported to ODAFF: Yes: Storage:	Yes No

PAGE 1 OF 3

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

1 9 03	
1-9-07	Integrator: CAR9, 1/1
er: BOB Schwabe	County: Cherokee
: 4053 Huy 10	· .
KANSAS	State: <u>Ok</u> Zip: <u>74347</u>
Number: 918/597-2834	Type Facility: TURkey
of houses:Total Capacity:	54,000 Number of Flocks per Year 4
Is facility located in a nutrient-limited water	ry waste was applied: / e / l/e / l? nerable groundwater area? Yes No
AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this opera Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil:	tion? Yes No Yes No Yes No Yes No Yes No
Recommended application rate: $\frac{\# 3}{3}$	4,89,10,11,13,14,15, 2,3 TONS/ACRE
Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Reported to ODAFF: Yes:	No:
Storage: Protected from runoff? Yes Type of storage: Litter S Ground	No thed Composter I (tarped) Other
	Watershed/Groundwater: Watershed where facility Is facility located in a nutrient-vulnerable g Is facility located in a nutrient-limited water watershed/s where poult. Is application area located in a nutrient-vul. Is application area located in a nutrient-lim. AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operated waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Reported to ODAFF: Yes: Storage: Protected from runoff? Yes Type of storage: Litter S

PAGE 1 OF 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

RECEIVED

FEB 0 1 2008

	1-29-08 Integrator: CARY, AGENVIRONMENTAL MIGHT SRVDS STATE DEPT. OF AGRICULTURE
Date:	1-29-08 Integrator: CARY, STATE DEPT. OF AGRICULTURE
Produce	r: Boß Schunde County: cherokee
Address	: 4053 Hwy 10
City:	KANSAS State: OK Zip: 74347
Phone N	Tumber: 918/597-2834 Type Facility: Turkey
Number	of houses:
Date of	Soil Test: 4-24-07 275-06 Date of Litter Test: 2-27-07 2-15-06
1.	Watershed/Groundwater: Watershed where facility is located:/e/Z Is facility located in a nutrient-vulnerable groundwater area? Yes No Is facility located in a nutrient-limited watershed area? Yes No Watershed/s where poultry waste was applied://e/Z Is application area located in a nutrient-vulnerable groundwater area? Yes No Is application area located in a nutrient-limited watershed area? Yes No
2.	AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan:
3.	Recommended application rate: # 2, 3, 4, 8 9, 10, 11, 13, 14, 15;
4.	Storage: Protected from runoff? Yes No Type of storage: Litter Shed Composter Ground (tarped) Other

PAGE 1 OF 3

Produ	ucer: Greg Hurt	Date: 5	- 8 -	00
6.	Education: Initial 9 hours: Initial Year: Recertification hours (3) Yes If so, how many comp	•	No No	pending
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	YesYes	No	- penarry
8.	Is the AWMP being followed by this operation?	Yes	N o	
_				

9. Inspector's Comments/Observations:

ary To Fisher

ORIGINAL - OFFICE

Inspector's Signature

Producer's Signature

PAGE 3 of 3

•

YELLOW - INSPECTOR

Produ	scer: Gree Hurt Date:	4-10-03
6.	Education: Initial 9 hours: Yes If so, how many completed: Initial Year:	No
	Recertification hours (3) Yes IT so, how many completed: 3	N o
7.	Complaints:	»- (
	Have there been any complaints this calendar year? Yes If yes, have these been resolved? Yes	No
8.	Is the AWMP being followed by this operation? Yes	No
9.	Inspector's Comments/Observations:	

YELLOW-INSPECTOR

The state of the s

ORIGINAL - OFFICE

Produc	er: Crog Hurt		-9-03
6.	Education:	9	
	Education: Initial 9 hours: Yes If so, how many comple Initial Year:	ted:	No
	Initial Year: 1899	_	
	Recertification hours (3) Yes H so, how many comple	ied:	No
7.	Complaints:		
	Have there been any complaints this calendar year?	Yes	No
	If yes, have these been resolved?	Yes	No
8.	Is the AWMP being followed by this operation?	Yes_	No

9. Inspector's Comments/Observations:

NAME OF PERSON RECEIVING EDUCATION:

Greg Hurt

Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST AG ENVIRONMENTAL MGMI SRVCS STATE DEPT. OF AGRICULTURE

	,					
Date: _	3-24-0	5/	Integrator:	CArgi	//	
Produce	r. Greg A	furt			AWARE.	
New Address	528385	. 680 K	24/			
City:	Cokerd		_ State:	OK	Zip: <u>7433</u>	١
Phone N	Number: <u>218</u> - 32	6-4575	Type I	Facility: Terr	Ley Breed	10
	of houses:3					-
Date of	Soil Test: Sells	4/1 Litte	Date of Litter	Гest: <u>9-/</u> 9	5-03	
1.	Watershed/Groundwate			0 -		
1.			. 1 4 4	-11.		
		ned where facility				
	Is facility located in a nut	rient-vulnerable gr	oundwater area?	Yes	No	
	Is facility located in a nut	rient-limited water	shed area?	Yes	No	
	_	ned/s where poultry			incis	
						-
	Is application area located		-			
	Is application area located	l in a nutrient-limi	ted watershed ar	ea? Yes_	No_ 	
2.	AWMP:					
- •		Daviano	Vac 1	Ma		
	Is the AWMP available for		Yes_	No		
	Date of Animal Waste Ma	_		5-0	<i>.</i>	
	Is the AWMP being follo	wed by this operat	ion?	Yes_	No	
	Waste Handling Procedur		Yes C	No		
	Catastrophic Loss Proced		Yes	No		
		uic.				
	Calculations:		Yes	No	119 All Litten	
	Nutrient Analysis:	Soil:	Yes	No <u>' </u> Se.	119 AII KILLEY	
		Litter:	Yes	No		
	Recommended applicatio	n rate:				
•	Carrage Diamogalı					
3.	Carcass Disposal:			2 D 11		
	Normal Mortality:	 Composting_ 		2. Burial		
		3. Rendering		Frequency of P	'ickup	
		4. Incineration		DEQ Permit:	Yes No	
	Catastrophic Losses:	Yes:	No:	<u></u>		
	Reported to OD		No:			
	Reported to OD2	APT. 168	_ 140			
	~.					
4.	Storage:	,	_			
	Protected from runoff?	Yes	No			
	Type of	f storage: Litter Sl	hed	Composter		
	71		(tarped)	Other		
		Ground	(bea)		ENTERED BY	
					APR 1 1 2005	
					CHI MINCIEL	

PAGE 1 OF 3

THE MINGLES

REV 7/30/04

MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

_					
Date:	4-3-06		Integrator:	CArgi	://
Produ	cer: Greg Hu	cT	Cou	nty: <u>De/14</u>	ware
Addre	ess: <u>52838</u>	5, 680 K	<u>d</u>		
City: _	Colcord		State	e: 0 /C	Zip: 74338
Phone	Number: <u>9/8-32</u>	6-4575	Type	e Facility:	uckey Breeder
Numb	er of houses: 3	Total Capaci	ity: <u>/2,000</u>	Number of Floo	cks per Year
Date o	of Soil Test: <u>Sellal</u>	Litter	Date of Litte	r Test:	7-05
1.	Is facility located in a safetility located in a safet	ershed where facil nutrient-vulnerabl nutrient-limited w ershed/s where po ated in a nutrient-v	vatershed area? oultry waste was ap vulnerable ground	ea? Yes Yes Poplied: Yes	No . No ////ais
2.	AWMP: Is the AWMP availabl Date of Animal Waste Is the AWMP being fo Waste Handling Proce Catastrophic Loss Proc	Management Plan Illowed by this op- dures Listed:	Yes	No Yes No No	No
	Calculations: Nutrient Analysis:	Soil: Litter:	Yes Yes		sellall Litter
	Calculations:	Litter:		No < No <	sellall Litter
3.	Calculations: Nutrient Analysis:	Litter: ation rate: 1. Compostin 3. Rendering 4. Incineration Yes:	Yes Yes	No S No 2. Burial Frequency o DEQ Permit	f Pickup

PAGE 1 OF 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

Dote:	3-7-07	Integr	ator:	71911		
	er: Greg Ha			Delawa	-6	
Address	: 52838	5. 680 Rd				
City:	Colcord		State:	Zip:	74338	
Phone N	Number: <u>9/8 - 3.</u>	26-4575	Type Facility:	Turkey	Breede	21
Number	r of houses:3	Total Capacity:	400 XXX Number	of Flocks per Ye	ar2	_
Date of	Soil Test: <u>54// 14//</u>	Litter Date	of Litter Test:	2-7-05	•	
1.	Is facility located in a nu Is facility located in a nu Waters Is application area locate	er: hed where facility is locate trient-vulnerable groundwe trient-limited watershed ar hed/s where poultry waste d in a nutrient-vulnerable d in a nutrient-limited wat	ed:	No_		
2.	AWMP: Is the AWMP available for Date of Animal Waste M Is the AWMP being follow Waste Handling Procedur Catastrophic Loss Procedural Calculations: Nutrient Analysis: Recommended application	anagement Plan:	Yes	No		ittor
2		on rate				_
3.	Carcass Disposal: Normal Mortality:	1. Composting 3. Rendering 4. Incineration Year	DEQ	uency of Pickup_	No	
	Catastrophic Losses: Reported to OD	Yes: AFF: Yes:	No:			4
4.	Storage: Protected from runoff? Type o	Yes No f storage: Litter Shed Ground (tarped		poster r		

PAGE 1 OF 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

ODAN AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS ECEIVED

FEB 2 9 2008

`	AG ENVIRONMENTAL MGMT SRVCS
Date: 2-19-08	Integrator: CAC9
Producer: Greg Hurl	County: Delaware
Address: 52838 5, 68	30 Rd
City: <u>Co/cord</u>	State: Zip: Zip:
Phone Number: 9/8-326-4573	Type Facility: Turkey Breeder
Number of houses:Total Capacity:	8400 Number of Flocks per Year Z
Date of Soil Test: Sell 4// L'Her	2 Date of Litter Test: 3-22-62
1. Watershed/Groundwater:	2-4-08
Watershed where facility	
Is facility located in a nutrient-vulnerable g	
Is facility located in a nutrient-limited water Watershed/s where poultr	
Is application area located in a nutrient-vuli	
Is application area located in a nutrient-limit	
2. AWMP:	
Is the AWMP available for Review?	Up Pato Ltr 1/8/08 NRCS.
Date of Animal Waste Management Plan:	
Is the AWMP being followed by this operate Waste Handling Procedures Listed:	tion? Yes No No No
Catastrophic Loss Procedure:	Yes No
Calculations:	Yes No
Nutrient Analysis: Soil:	Yes No - Sell All Litter
Litter: Recommended application rate:	Yes No
Recommended application rate	
3. Carcass Disposal:	
Normal Mortality: 1. Composting_	2. Burial
3. Rendering4. Incineration	Frequency of Pickup DEQ Permit: YesNo
Catastrophic Losses: Yes:	
Reported to ODAFF: Yes:	No:
4. Storage:	No_hed Composter ENTERED BY (tarped) Other Other
Protected from runoff? Yes	No
Type of storage: Litter S	hed Composter ENIE" anno
Ground	(tarped) Other 19 (100)
	hedComposterENTERLY ?008 (tarped)Other CHRISTINE SINONE
	-197145
	CHKI

PAGE 1 OF 3

Prod	ucer: clyde Masters	Date:	1-7-03	
	/			
6.	Education:	0		
	Initial 9 hours: Yes If so, how many com Initial Year: Recertification hours (3) Yes If so, how many com	ipleted:	No	
	Initial Year: 98	~		
	Recertification hours (3) Yes If so, how many com	ipleted:	No	
7.	Complaints:			_
	Have there been any complaints this calendar year?	Yes	No	
	If yes, have these been resolved?	Yes	No	
8.	Is the AWMP being followed by this operation?	Yes	No	
9.	Inspector's Comments/Observations:			

MR. MASTERS NEEDS A current litter sample. No soil test is needed no litter spread.

NO litter was removed during inspection of July 1 01 to June 30 od.

Records ARE IN good shape !

Inspector's Name

Inspector's Signature

Producer' Signatur

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

6. **Education:** Yes____If so, how many completed:__9 Initial 9 hours: Initial Year: Recertification hours (3) Yes____ If so, how many completed:__ 7. Complaints: Have there been any complaints this calendar year? If yes, have these been resolved? 8. Is the AWMP being followed by this operation? No

9. Inspector's Comments/Observations:

> NAME OF PERSON RECEIVING EDUCATION:

clyde masters

April 9 2004

9AM - 12pm

3hrs

Adair State Park

Adair co. FAirgrounds

Inspector's Sign

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

14CUMU85/168/128009MENTAge 24 of 46 ument 2079-17 Filed in US**D∕0^N**E P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS RECEIVED INSPECTION CHECKLIST DEC 2 9 2004

AG ENVIRONMENTAL MGMT SRVCS STATE DEPT. OF AGRICULTURE State: Type Facility: Total Capacity: 18 700 Number of Flocks per Year Date of Litter Test: 6-3-03 Date of Soil Test: No 1. Watershed/Groundwater: Watershed where facility is located: _///10103090 Is facility located in a nutrient-vulnerable groundwater area? Yes_ No Is facility located in a nutrient-limited watershed area? Watershed/s where poultry waste was applied: 11110 Is application area located in a nutrient-vulnerable groundwater area? Yes 🔍 Is application area located in a nutrient-limited watershed area? AWMP: 2. Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? No_ Waste Handling Procedures Listed: Catastrophic Loss Procedure: Yes Calculations: Yes **Nutrient Analysis:** Soil: Yes Litter: No Recommended application rate: 3. Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 3. Rendering Frequency of Pickup 4. Incineration **DEO Permit:** Catastrophic Losses: Yes: No: Reported to ODAFF: No: Yes: 4. Storage: Protected from runoff? Type of storage: Litter Shed Composter Ground (tarped) Other

PAGE 1 of 3

12/30/98

21 - 1 - 13-13 x

REV 7/30/04

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS **INSPECTION CHECKLIST**

APR 1 9 2005

,		: AG ENVIRÚNI	MENTAL MGM Fore 5
Date: 331-06	Integrator: He	ney Sucht	PT. OF AGRICULTURE
Producer: Clyde MASters	County:	AdAIR	
Address: Rt. 2 Box 240			
City: Westville	State:		24965
Phone Number: 918/723-412	Type Fa	cility: Turkey	5
Number of houses:Total Capac	city: 18,700 Ni	umber of Flocks per Yea	ar 5
Date of Soil Test: Sells litter	Date of Litter Te	est: 3-31-04	5-20-05
1. Watershed/Groundwater:		LAID SABA	
Is facility located in a nutrient-vulneral Is facility located in a nutrient-limited v	watershed area? oultry waste was applie -vulnerable groundwate	Yes No	No
2. AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plans the AWMP being followed by this of Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate:		No Yes No No No No No No	
3. Carcass Disposal: Normal Mortality: 1. Compost 3. Renderin 4. Incinerat Catastrophic Losses: Reported to ODAFF: Yes	g ion	2. Burial	No
4. Storage: Protected from runoff? Yes Type of storage: Litt Gro	No ter Shed bund (tarped) PAGE 1 OF 3	Composter Other SARN	SALLY 2 2005
ORIGINAL ~ OFFICE YEL	LOW - INSPECTOR		INK-GROWER

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

RECEIVED

APR 1 0 2007

Date: _<	3-30-07 Integ	grator: CARgi'll	AG ENVIRUNMENTAL MUMT SRVCS STATE DEPT. OF AGRICULTURE
	clyde Masters	County: Adais	
Address	Rt.2 BOX 240		
City: <u></u>	vestville.	State: OK	Zip: 74965
	fumber: 479/409-7869	Type Facility: 1 4	
	of houses: Total Capacity: 18		
Date of	Soil Test: 4-10-06 Date	e of Litter Test: 4-11-6	06
1.	Watershed/Groundwater: Watershed where facility is local in a nutrient-vulnerable ground. Is facility located in a nutrient-limited watershed. Watershed/s where poultry was is application area located in a nutrient-limited watershed is application area located in a nutrient-limited watershed.	water area? Yesarea? Yeste was applied: 5010 \ e groundwater area? Yes	No No No No
2.	AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate:	Yes No	
3.	Carcass Disposal: Normal Mortality: 1. Composting 3. Rendering 4. Incineration Catastrophic Losses: Yes: Perported to ODAFF: Vas:	2. Burial Frequency of F DEQ Permit:	rickup YesNo
4.	Reported to ODAFF: Yes: Storage: Protected from runoff? Yes No Type of storage: Litter Shed Ground (tarpet		<u>-1 2 7007</u>
		1 U N 1	RETNOLDS

OD AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST RECEIVED

MAR 21 2008

AG ENVIRONMENTAL MGMT SRV STATE DEPT. OF AGRICULTURE
Date: 3-10-08 Integrator: CAR9.
Producer: Clyde + Helen Masters County: AdaiR
Address: Rt. O BOX 240
City: Westville State: Ok Zip: 74965
Phone Number: 479/409-7869 Type Facility: Turkey
Number of houses: 3 Total Capacity: 18,700 Number of Flocks per Year 5
Date of Soil Test: 4-5-07 Date of Litter Test: 4-2-07
Watershed/Groundwater: Watershed where facility is located: Tenkiller Is facility located in a nutrient-vulnerable groundwater area? Yes No No Watershed/s where poultry waste was applied: Sold / Here Is application area located in a nutrient-vulnerable groundwater area? Yes No No No No Watershed/s where poultry waste was applied: Yes No
Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Sesant No
3. Carcass Disposal: Normal Mortality: 1. Composting 2. Burial Frequency of Pickup 4. Incineration DEQ Permit: YesNo Catastrophic Losses: Yes:No
Reported to ODAFF: Yes: No: 4. Storage: Protected from runoff? Yes No Type of storage: Litter Shed Composter Other Other FNTERED BY APR 18 2008 CHRICTIME CIMONE

PAGE 1 OF 3

YELLOW - INSPECTOR

REV 7/30/04

MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

Under Construction

Date:	3-24-05 Integrator: C14rg/1/ Ind.
Producer	Keith & Jerri Mitchelkounty: Belitume
	54308 S. 683 Rd
City:(20/cord State: OK Zip: 74338
Phone N	umber: 918-326-4435 Type Facility: Turkey
Number	of houses: Total Capacity: Number of Flocks per Year
	Soil Test: No Litter Date of Litter Test: No Litter
	Watershed/Groundwater: Watershed where facility is located:
	AWMP: Is the AWMP available for Review? Yes No
	Recommended application rate:
	Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 3. Rendering 4. Incineration DEQ Permit: Yes No Catastrophic Losses: Reported to ODAFF: Yes: No: No:
	Storage: Protected from runoff? Yes No Type of storage: Litter Shed Composter Ground (tarped) Other

PAGE 1 OF 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

REV 7/30/04

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS **INSPECTION CHECKLIST**

Date: 4-3-06 Integrator: CAY 91 Producer: Tevr 1 MITchell County: Delaure Address: 54308 S. 683 Kd City: Calcord State: OK Zip: 7433 Phone Number: 918-325-4435 Type Facility: Take V Number of houses: 3 Total Capacity/OSO Number of Flocks per Year Z Date of Soil Test: -5-06 Date of Litter Test: -5-06 1. Watershed/Groundwater: Watershed where facility is located:	
Address: 54308 5, 683 KC City: Calcard State: ok Zip: 7433 Phone Number: 918-325-4435 Type Facility: Turkey Number of houses: 3 Total Capacity/ O SOO Number of Flocks per Year Date of Soil Test: 1-5-06 Date of Litter Test: 1-5-06 1. Watershed/Groundwater: Watershed where facility is located: Is facility located in a nutrient-vulnerable groundwater area? Yes No Watershed/s where poultry waste was applied: Is application area located in a nutrient-vulnerable groundwater area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area? Yes No Sapplication area located in a nutrient-limited watershed area	Integrator:
Phone Number:	e// County: De/AWAre
Phone Number: 9/8-326-4435 Type Facility: Turkey Number of houses: 3 Total Capacity/ 0, 500 Number of Flocks per Year 2. Date of Soil Test: 1-5-06 Date of Litter Test: 1-5-06 1. Watershed/Groundwater: Watershed where facility is located: 1-5-06 Is facility located in a nutrient-vulnerable groundwater area? Yes No Watershed/s where poultry waste was applied: Is application area located in a nutrient-limited watershed area? Yes No Is application area located in a nutrient-limited watershed area? Yes No Watershed/s where poultry waste was applied: Is application area located in a nutrient-limited watershed area? Yes No Some No	3 Rd
Number of houses: 3 Total Capacity O SOO Number of Flocks per Year Date of Soil Test: 1-5-06 Date of Litter Test: 1-5-06 1. Watershed/Groundwater: Watershed/Groundwater: Watershed/Groundwater: Is facility located in a nutrient-vulnerable groundwater area? Yes No Watershed/s where poultry waste was applied: Is application area located in a nutrient-vulnerable groundwater area? Yes No Is application area located in a nutrient-limited watershed area? Yes No Society Ses No Catastrophic Loss Procedure: Yes No Catastrophic Loss Procedure: Yes No Calculations: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No	State: 0 k Zip: 7 y 3 3 8
Number of houses: 3 Total Capacity O SOO Number of Flocks per Year Date of Soil Test: 1-5-06 Date of Litter Test: 1-5-06 1. Watershed/Groundwater: Watershed/Groundwater: Watershed/Groundwater: Is facility located in a nutrient-vulnerable groundwater area? Yes No Watershed/s where poultry waste was applied: Is application area located in a nutrient-vulnerable groundwater area? Yes No Is application area located in a nutrient-limited watershed area? Yes No Society Ses No Catastrophic Loss Procedure: Yes No Catastrophic Loss Procedure: Yes No Calculations: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No Catastrophic Loss Procedure: Yes No Society Ses No	4435 Type Facility: Turkey
Date of Soil Test:	
Watershed where facility is located: Is facility located in a nutrient-vulnerable groundwater area? Yes	
Is the AWMP available for Review? Yes No Date of Animal Waste Management Plan:	Inerable groundwater area? Yes No
Normal Mortality: 1. Composting 2. Burial 5. Rendering Frequency of Pickup 5. Programmed 5. Programmed 5. Burial 5. Programmed 5. Burial 5. Programmed 6. Burial 5. B	ent Plan:
Catastrophic Losses: Yes: No: Reported to ODAFF: Yes: No:	ridering Frequency of Pickup
Storage: Protected from runoff? Yes No Type of storage: Litter Shed Composter_ Ground (tarped) Other	: Litter Shed Composter

PAGE 1 OF 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

Date: _	12-27-06 Integrator: <u>CArgill</u>
Produce	er: Jerri MiTchell County: Delaware
Address	54308 5,683 Rd
City:	Colcord State: OK Zip: 7×338
Phone N	Number: 918-326-4435 Type Facility: Tuckey
Number	r of houses:
Date of	Soil Test: $\frac{1-5-06}{5-25-06}$ Date of Litter Test: $\frac{1-5-06}{5-22-06}$
	5-25-06 5-22-06
1.	Watershed/Groundwater:
	Watershed where facility is located:
	Is facility located in a nutrient-vulnerable groundwater area? Yes No
	Is facility located in a nutrient-limited watershed area? Yes, No
	Watershed/s where poultry waste was applied:
	Is application area located in a nutrient-vulnerable groundwater area? Yes No No No No
2.	AWMP:
- •	Is the AWMP available for Review? Yes No.
	Date of Animal Waste Management Plan: Capales 12-704
	Is the AWMP being followed by this operation? Yes No
	Waste Handling Procedures Listed: Yes No
	Catastrophic Loss Procedure: Yes No
	Calculations: Yes No
	Nutrient Analysis: Soil: Yes No
	Litter: Yes No Recommended application rate:
	Recommended application rate.
3.	Carcass Disposal:
	Normal Mortality: 1. Composting 2. Burial
	3. Rendering Frequency of Pickup
	4. Incineration DEO Permit: YesNo
	Catastrophic Losses: Yes: No:
	Reported to ODAFF: Yes: No:
4.	Storage:
	Protected from runoff? Yes No
	Type of storage: Litter Shed Composter
	Ground (tarped) Other Other
	<u>-</u>

PAGE 1 OF 3

ORIGINAL - OFFICE

 $\begin{tabular}{ll} YELLOW-INSPECTOR \\ \end{tabular}$

ODAFF-AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

Date: _	2-26-08 Integrator: <u>CArgill</u>
	er: Jerni mitchell County: Delaware
Addres	ss: 54308 5,683Rd
City: _	Colcord State: OK Zip: 74338
Phone	Number: 9/8-326-4435 Type Facility: Turkey
Numbe	er of houses: 3 Total Capacity: 19500 Number of Flocks per Year Z
Date of	f Soil Test: 5-25-06 Date of Litter Test: 6-/3-06
1.	Watershed/Groundwater: Watershed where facility is located: Is facility located in a nutrient-vulnerable groundwater area? Yes No Is facility located in a nutrient-limited watershed area? Yes No Watershed/s where poultry waste was applied:
2.	AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: No No Nutrient Analysis: Soil: Litter: Yes No No No No No No No No No N
	Recommended application rate:
3.	Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 5. Rendering Frequency of Pickup 5. DEQ Permit: Yes No DEQ Permit
4.	Catastrophic Losses: Reported to ODAFF: Yes: No: No: Storage: Protected from runoff? Type of storage: Litter Shed Ground (tarped) Other

· Produc		Poultry Feeding Operations Checklist Date:
6.	Initial Year: 1997	If so, how many completed:
7.	Complaints: Have these been any complaints the If yes, have these been resolved?	I how carry or
8.	Is the AWMP being followed by	this operation? Yes No
9. Z ~ (1)	Inspector's Comments/Observati	ions: 6/lent stope. A Catastraphi
1 -055 W	Procedure is re	cellent stope. A Catastryphi celled in the Animal Waste
	+ Plan.	
1 17	to is applied	don-site,
B	Let R. SLola	BAR. SHE
	Inspector's Name	Inspector's Signature Except Doyle

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

ase 4:05-	cv-00329	-GKF-PJC [Jackine and Sulfant	dingeopination	SDG1ND/SO	K on 05/18/200	9 Page 33 of 4	6
•	Producer:	Ernest	Dyk		Date:	Cember 20	2001	
•	6. Ec	lucation: itial 9 hours: Initial Year:_	Yes If so, how r	many complete	ed: 9	No_ clock on Lar	cung user)	
	7. Co	omplaints:	ک کریر omplaints this calendar y	rs (arry		No_X No		
	8. Is	the AWMP being	followed by this operation	on?	Yes_X	No		
	9. In	spector's Commen	ts/Observations:					
h to	ruste, be sts. 1	Manage updated Field #1	nent Plan. to include the hold a map needs	t acc	erent exhibited be up	Inthe a little a limits dated	else reeds of soil in 2001 to include	/
Fit Mi	lds.	being use Dayle	ed and del	lete t	78105 I	No / Be le	~51~4 / to	
each cland	calena w ye	for year.	to be take Soil tes to little	rts me	of to	he fato.	i rack	
	Boot	spector's Name	War	B	Inspector's Sig	Solda		
				En	nest 2 Producer's Sig	Doyle	_	

PAGE 3 of 3 YELLOW - INSPECTOR 9. Inspector's Comments/Observations:

If yes, have these been resolved?

Have there been any complaints this calendar year?

Is the AWMP being followed by this operation?

Complaints:

7.

8.

Records ARE in excellent shape!

JAUL BERRY
Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Prod	ucer: <u>ERNEST DOVIC</u>	Date:^	20-07	
	/			
6.	Education: Initial 9 hours: Yes If so, how many con 1 Initial Year: Yes If so, how many con		No	
	Recertification hours (3) YesIf so, how many con	npleted:	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes	No	
9.	Inspector's Comments/Observations:			

NAME OF PERSON RECEIVING EDUCATION:

Ernest Doyle

Records ARE IN VERY good Shape!

Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST RECEIVED

Date:	3-10-05	<i>V</i>	Integrator:	Honey.	SUC AGENVIRONMENTAL SUC AGENVIRONMENTAL SUC AGENVIRONMENTAL
Produ	icer: ERNEST D	oyle		ounty: _AJA	
Addre	ess: Rt. 3 Box	1280			
City:	Stilwell		Si	tate: OK_	Zip: 74960
Phone	e Number: <u>9/8/7)</u>	7-3220	T	ype Facility:	irkey
Numb	per of houses: 4	Total Capac	ity: <u>41,000</u>	2 Number of Flo	ocks per Year
	of Soil Test: Sells		-	itter Test: 3-6	_
۱.	Watershed/Groundwa		15. 1	1111010 2	09/2
	Wate Is facility located in a n			////01030	No No
	Is facility located in a n	utrient-limited v	vatershed area?	Yes	No
	Wate Is application area loca			applied: <u>////////////////////////////////////</u>	
	Is application area loca				
	AWMP:		_		
	Is the AWMP available		Yes_	ST No	
	Date of Animal Waste Is the AWMP being fol			Vac > -	No.
	Waste Handling Proced		Yes	Yes No	No
	Catastrophic Loss Proc		Yes	No No	
	Calculations:		Yes	No	
	Nutrient Analysis:	Soil:	Yes	No	
	Recommended applicat	Litter: tion rate: <u>ع ک</u>	ells Title	No	
.	Carcass Disposal:				
	Normal Mortality:	1. Composti		2. Burial_	
		3. Rendering		Frequency	
	Catastrophia Lagger	4. Incinerati Yes		o: DEQ Permi	it: YesNo
	Catastrophic Losses: Reported to O			0: <u> </u>	ENTER DW
	Reported to O		··	Ŭ·	ENTERT BY
١.	Storage:	/			
	Protected from runoff?		No		
	Туре	of storage: Litt	er Shed ound (tarned)	Composter_ Other	ONI MINGLER
		UIU	unu taiDCU?	CALICI	

OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPREGES VED INSPECTION CHECKLIST

APR 1 9 2006

AG ENVIRONMENTAL MGM I SRVCS STATE DEPT. DE AGRICULTURE

	STATE DEPT. C	IL MOUNDOFTONE
Date:	ite: 3-31-06 Integrator: Howey suckle	
Produ	oducer: ERNEST DOY/e County: Adai/2	
Addre	Idress: R1.3 Rox 1280	
City:	ty: Stilvell State: Ok Zip: 79	1960
Phone	one Number: 918/778-3220 Type Facility: Turkey	
Numb	imber of houses:	5
	te of Soil Test: Sells litter Date of Litter Test: 3-16-05	
1.	Watershed/Groundwater:	
	Watershed where facility is located: ////0/0 30 90	
	Is facility located in a nutrient-vulnerable groundwater area? Yes No Is facility located in a nutrient-limited watershed area? Yes No	
	Watershed/s where poultry waste was applied: 1/1/0/0 309)
	Is application area located in a nutrient-vulnerable groundwater area? YesN	
	Is application area located in a nutrient-limited watershed area? Yes No	0
2.	AWMP:	
~·	Is the AWMP available for Review? Yes No	
	Date of Animal Waste Management Plan:	
	Is the AWMP being followed by this operation? Yes No	
	Waste Handling Procedures Listed: Yes No	
	Catastrophic Loss Procedure: Yes No Calculations: Yes No —	
	Nutrient Analysis: Soil: Yes_ No	
	Litter: Yes No	
	Recommended application rate: Sells Title?	
3.	Carcass Disposal:	
٠.	Normal Mortality: 1. Composting 2. Burial	
	3. Rendering Frequency of Pickup	
		D
	Catastrophic Losses: Yes: No: No:	
	Reported to ODAFF: Yes: No:	
4.	Storage:	APR 2 1 2000
	Protected from runoff? YesNo	TEPR
	Type of storage: Litter Shed Composter	APA "ED
	Ground (tarped) Other Other	, '''' 2 ,
	S	16/1 200
		An Ol
		TOBO T
	Property of	-//

PAGE 1 OF 3

Phone Number:

Number of houses:

1.

2.

3.

4.

Date of Soil Test: <u>Se//s</u>

AWMP:

Calculations:

Nutrient Analysis:

Carcass Disposal: Normal Mortality:

Catastrophic Losses:

Watershed/Groundwater:

Is the AWMP available for Review?

Waste Handling Procedures Listed:

Catastrophic Loss Procedure:

Recommended application rate:

AGRICULTURAL ENVIRONMENTAL ODY **MANAGEMENT SERVICES** P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST

APR 1 7 2007

AG ENVIRONMENTAL MUMT SRVCS STATE DEPT. OF AGRICULTURE Integrator: County: State: Type Facility: Total Capacity: Number of Flocks per Year Date of Litter Test: 3~/6 Watershed where facility is located: Is facility located in a nutrient-vulnerable groundwater area? No Yes Is facility located in a nutrient-limited watershed area? Watershed/s where poultry waste was applied:_ sells Is application area located in a nutrient-vulnerable groundwater area? Yes No Is application area located in a nutrient-limited watershed area? Yes No No Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? No Yes Yes Yes Yes Yes 1. Composting 2. Burial Frequency of Pickup 4. Incineration DEQ Permit: Yes No: No:

Reported to ODAFF: Storage:

Soil:

Litter:

3. Rendering

Yes:

Protected from runoff? Yes No Type of storage: Litter Shed Composter ENTERED BY Ground (tarped) Other

APR 2 4 2007

REYNOLDS (2009 Cargill supp-0014)

ODA -- AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES P.O. BOX 528804 OKLA. CITY, OK 73152-8804

OKLAHOMA REGISTERED POULTRY FEEDING OPERATIONS INSPECTION CHECKLIST RECEIVED

APR 2 1 2008

	AG ENVIRONMENTAL MGMT SRVC
Date: _	H-16-08 Integrator: Honey Suckle
Produce	er: ERNEST Doyle County: Adair
Address	s: R4.3 Box 1280
City: _	Stilwell State: OK Zip: 74960
Phone I	Number: 918/778-3220 Type Facility: Tuzkey
Numbe	er of houses: Total Capacity: 41,000 Number of Flocks per Year
Date of	f Soil Test: Sold litter Date of Litter Test: 5-23-06 5-14-07
1.	Watershed/Groundwater: Watershed where facility is located: Tenk //e/R Is facility located in a nutrient-vulnerable groundwater area? Yes No Watershed/s where poultry waste was applied: Sold // H/K Is application area located in a nutrient-vulnerable groundwater area? Yes No No No Watershed/s where poultry waste was applied: Sold // H/K Is application area located in a nutrient-vulnerable groundwater area? Yes No
2.	AWMP: Is the AWMP available for Review? Date of Animal Waste Management Plan: Is the AWMP being followed by this operation? Waste Handling Procedures Listed: Catastrophic Loss Procedure: Calculations: Nutrient Analysis: Soil: Litter: Recommended application rate: Sells Yes No Ves Ves Ves Ves
3.	Carcass Disposal: Normal Mortality: 1. Composting 2. Burial 5. Rendering 5. Rendering 5. Rendering 5. Incineration 5. DEQ Permit: Yes No No: 1. Catastrophic Losses: Yes: No: 1. No: 1
	Reported to ODAFF: Yes: No: No:
4.	3. Rendering Frequency of Pickup DEQ Permit: Yes No: No: Storage: Protected from runoff? Yes No Composter Other Other Other Other Other ABADATA ARCHITECTURE AND ARCHITECTURE AR

PAGE 1 OF 3

COMMERCIAL POULTRY OPERATIONS INSPECTION CHECKLIST

Date: 1- 15 - 99	Integrator: _	Carga	ell
Producer: Bill Kay	County:	Cherok	ee
Address: Address: Address: Address: 2	18		
City: 2 Celling	State:	Zip:	74471
Phone Number: <u>696 - 3609</u> Wate	ershed where faci	lity is located:	100
Type Facility: Licrky	Number of House	es:3 Total (Capacity: 40,000
Date Animal Waste Management Plan (AWMP) was	s last updated,	obtained or ap	oplied for: <u>/1-15</u> -98
Date of Soil Test: 6-1-98	Data of Litter	Test: 1 - //	- 60
	Date of Litter	1681.	
1. AWMP: Is the AWMP available for Revi	East No	ut ashadulad alaam a	ut data. 3 GG
Litter: Sold Land Applied	red: Ne	ext scheduled clean of	ut date: _3-99
Waste Handling Procedures Listed: Yes	sNo	-	
	ise Hire	2_1_	
	No.		
	S No		
Litter Yes			
	SNo		
Litter storage available: On Farm E	mergency (Other (List)	one
2. Carcass Disposal:	12		
Normal Mortality: 1. Composting //	د 2. Burial		
3. Rendering			
4. Incineration		Yes	No
Catastrophic Losses: Yes No	<u> </u>		
Reported to ODA: Yes	No _		
3. Rain Gauge: Installed On Site and Maintai		No	Date
4. Storage: Protected from runoff? Yes	s No_		
5. Records:			
Application records:			
Current?		No	
Rate applied?	Yes	No	
Date of Application?	old_		
Location of Application?	io water	Shed	
Litter sold or given away		No	
Date of removal	u ten De	cly	
Names and addresses		0	
Amount removed			
Litter sample analysis available	Yes	No	
Education Certificate		No	
Rainfall Log: 14 days before application		No	
-28 Days after application		No	
6. Has this facility had any discharge?	Yes	No	
(If Yes)			
Date and Time of Discharge?			
Date and Time reported to ODA?			
7. Is the AWMP being followed at this facili	ty? Yes	No	
Part Tri	,		1/4 /
Inspectors Name (Print)		evary 6	O. Fisher
Inspectors Name (Print)		Inspectors Signa	iture
		-11	11/2/
		Se les	and
REV 10/98		Producer Signat	ure ()
NL Y 10/70			

ODA Water Quality Services 2800 N. Lincoln Blvd. Oklahoma City OK 73105-4298 (405) 521-3864

Prod	lucer: Utrald Stephens	Date:Ja	nuary 10, 200	\subseteq
6.	Education: Initial 9 hours: Initial Year: Yes X If so, how many con Yes X Recertification hours (3) Yes X If so, how many con	2	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes X	No	
9.	Inspector's Comments/Observations:			

A Cafastraphic Loss Procedure is needed in the AMMP.

Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Prod	ucer: Vald Stephens	_Date:	pænher j ar C	<u> </u>
6.	Education: Initial 9 hours: Initial Year: Recertification hours (3) Yes X If so, how many complete If so, how many complete	2	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes X Yes X	No No No	
8.	Is the AWMP being followed by this operation?	Yes X	No	
9.	Inspector's Comments/Observations:			

The records are in excellent shape

Inspector's Signature

Producer's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

Produ	ucer: <u>Gerald</u> Stephens	Date:5	-14-02	
6.	Education: Initial 9 hours: Initial Year: Recertification hours (3) Yes If so, how many comp	oleted: <u>9</u>	No	
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes	N o	
9.	Inspector's Comments/Observations:			
. 4	3AN 20,00			
witi	al 9Les noud, 00	JAN 6	25,01	
98-	99 2Les	.31	les	

RECEIVED MAY 1 5 2002

STATE DEPT. OF AGRICULTURE

Inspector's Name

Producer's Signature

Inspector's Signature

PAGE 3 of 3

ORIGINAL - OFFICE

YELLOW - INSPECTOR

INSPECTION CHECKLIST

Date: _	2-5-99	Integrator:	Cargin	
	r. Leon Bulls	County:	Cherok	ee
Address	HC 61 BOX 2	29	_	
	Tahlequak	_ /	Zip:	74464
	· /	_		
	Number: <u>456-2922</u> W		•	
Type Fa	icility: Turkeys	_ Number of Houses	: 3 Total C	ipacity: 40,000
Date Ani	mal Waste Management Plan (AWMP) v	vas last updated,	_obtained or ap	olied for:
Date of	Soil Test: <u>8 - 98</u>	Date of Litter T	est:	98
1. AW	MP: Is the AWMP available for Re	view? Yes 🖊 No		
	er: Sold Land Applied	Fed: Nex	t scheduled clean ou	t date: 4 - 4 9
Was		es No No		WAN out IN 98
	Equipment Used: Own L			
		es No _		
Nut		'es No No No		
Lan		'es No _ 'es No _	-	
Lan	er storage available: On Farm	Emergency Of	her (List)	ove
2. Car	cass Disposal:	ot		<u> </u>
	mal Mortality: (1. Composting)	2. Burial		
			_ Pickup	
	4. Incineration	Frequency of I DEQ Permit	Yes	No
Cata		10	 _	
	Reported to ODA: Yes	No		
3,— Rai	r Gauge: Installed On Site and Main rage: Protected from runoff? Y	tained? Yes	No	Date
4. Sto	rage: Protected from runoff? Y	'es No _	_ Nove	
	ords:		•	
Арр	lication records:		/	
	Current?		No	
	Rate applied?		O CLEAN	+
	Date of Application?			i de la companya de l
Line	Location of Application?er sold or given away	Vac	No.	<u> </u>
Little	Date of removal		No N	6 Clean out
	Names and addresses			
	Amount removed			
Litte	er sample analysis available	Yes L	No	·
	cation Certificate		No	
	fall Log: 14 days before application.		No	
	28 Days after application	Yes	No	
6. Has	this facility had any discharge?	Yes	No	
(If Y				
Date	e and Time of Discharge?			
D	and Time and add to ODAN			
Date 7 In 41	e and Time reported to ODA? ne AWMP being followed at this fac	ility') Vac	No	
7. Is th				~>~>//
G	ary To Fisher	~	Naus !	tinke.
Inco	octors Name (Print)		Inspectors Signat	ute Company
msp	rectors realite (Link)		morecrop Signal	uj.
			Lan S.	**
			Producer Signatu	re
			. Troducer aightin	10

REV 10/98

Produce	er: <u>Leon</u>	Butts	Date:	-01-00
		·		
6.	Education:		_	
		YesIf so, how many com	pleted:	No
	Initial Year:			
	Recertification hours (3)	YesIf so, how many com	pleted:	No
7.	Complaints:			
	Have there been any comp	plaints this calendar year?	Yes	No 🗸
	If yes, have these been res	-	Yes	No.
	ir you, have mede over rec		100	
8.	Is the AWMP being follo	owed by this operation?	Yes_	No

9. Inspector's Comments/Observations:

ary To Fisher

Inspector dianature

Producer's Signature

PAGE 3 of 3

Produce	er: Leen Butts		30-6	<u> </u>
6.	Education: Initial 9 hours: Yes If so, how many complete Initial Year: 199 Recertification hours (3) Yes If so, how many complete		No	z carry over
7.	Complaints: Have there been any complaints this calendar year? If yes, have these been resolved?	Yes Yes	No	
8.	Is the AWMP being followed by this operation?	Yes_	N o	

9. Inspector's Comments/Observations:

Gary T. Fisher
Inspector's Name

Inspector's Signature

Producer's Signature

PAGE 3 of 3